



Complete this application and return to Emy Trotz, Mayor’s Office. If you have questions, contact Emy Trotz, Executive Assistant to the Mayor, at (630) 420-6018, or via email at [trotze@naperville.il.us](mailto:trotze@naperville.il.us).

### **SECTION ONE – GENERAL INFORMATION**

#### **APPLICANT CONTACT INFORMATION**

**Contact Name:** \_\_\_\_\_ **Title (e.g. owner):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

#### **BUSINESS/OWNER INFORMATION**

**Owner’s Name(s):** \_\_\_\_\_ **Business E-mail:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**Corporation Name:** \_\_\_\_\_ **Doing Business as Name:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Proposed Business Address:** \_\_\_\_\_

**Has the Owner Ever Been Convicted of a Felony?** Yes No

**Is the Owner a United States Citizen?** Yes No

#### **GENERAL CONCEPT/OTHER LOCATIONS**

**Briefly Explain the Proposed Concept:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chain or Franchise:** Yes No **Does this Business Have Other Locations?** Yes No

If “Yes”, please list the number of other locations and cities of operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION TWO – NAPERVILLE LOCATION**  
**LIQUOR**

**Note:** All applicants will need to obtain a liquor license from the State of Illinois Liquor Control Commission. Please visit the State of Illinois Liquor Control Commission’s website for details at: <http://www.illinois.gov/ilcc/Pages/Home.aspx>.

1. Is obtaining a liquor license critical to your business model? Yes    No

If “Yes”, explain why: aaa

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2. Do you currently have a liquor license? Yes    No

If “Yes”, please list where you currently hold a liquor license and the length of time you have held it:

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3. What type of alcohol do you intend to sell? (beer, wine, and/or spirits, etc.) \_\_\_\_\_

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4. **Class B Only:** Is obtaining a late-night permit critical to your business model? Yes    No  
(A late-night permit is required for a restaurant/tavern to sell liquor after 11 p.m.)

If “Yes”, explain why: \_\_\_\_\_

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5. What is your anticipated opening date? \_\_\_\_\_, \_\_\_\_\_

6. What are your proposed hours of operation?

**Monday-Thursday:** \_\_\_\_\_

**Friday-Saturday:** \_\_\_\_\_

**Sunday:** \_\_\_\_\_

7. What is the approximate square footage of the proposed concept? \_\_\_\_\_

8. How many employees are intended to be hired at the proposed concept? \_\_\_\_\_

9. Attach the following documents to this application:

**Floor Layout of the Business**  
**Menus and Product Offering Lists**